OSTEOPOROSIS FEDERAL EMPLOYEE HEALTH BENEFITS STANDARDIZATION ACT

HON. CONSTANCE A. MORELLA

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 14, 2001

Mrs. MORELLA. Mr. Speaker, I rise today to introduce the Osteoporosis Federal Employee Health Benefits Standardization Act of 2001. This much needed legislation will provide the same consistency of osteoporosis coverage for our Federal employees and retirees as Congress approved for Medicare in the Balanced Budget Act of 1997.

Instead of a comprehensive national coverage policy, FEHBP leaves it to each of the over 350 participating plans to decide who is eligible to receive a bone mass measurement and what constitutes medical necessity. A survey of the 19 top plans participating in FEHBP indicate that many plans have no specific rules to guide reimbursement and instead cover the tests on a case-by-case basis. Several plans refuse to provide consumers information indicating when the plan covers the test and when it does not. Some plans cover the test only for people who already have osteoporosis. All individuals, whether they work in the public sector or private sector, should have health insurance coverage for osteoporosis screening because this affliction is so widespread but more importantly, because it is preventable when discovered early.

Osteoporosis is a major public health problem affecting 28 million Americans, who either have the disease or are at risk due to low bone mass; eighty percent are women. The disease causes 1.5 million fractures annually at a cost of $13.8 billion ($38 million per day) in direct medical expenses, and osteoporotic fractures cost the Medicare program 3 percent of its overall costs. In their lifetimes, one in two women and one in eight men over the age of 50 will fracture a bone due to osteoporosis. A woman's risk of a hip fracture is equal to her combined risk of contracting breast, uterine, and ovarian cancer.

Osteoporosis is largely preventable and thousands of fractures could be avoided if low bone mass was detected early and treated. We now have drugs that promise to reduce fractures by 50 percent. However, identification of risk factors alone cannot predict how much bone a person has and how strong bone is. Experts estimate that without bone density tests, up to 40 percent of women with low bone mass could be missed.

It Is my hope that by making bone mass measurements available under the FEHBP, we can minimize the deleterious effects of osteoporosis and improve the lives of our Federal employees and retirees.

AMERICAN HEART MONTH

HON. JOHN F. TIERNEY

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 14, 2001

Mr. TIERNEY. Mr. Speaker, I join my colleagues in recognizing February as American Heart Month and in commending the 22.5 million volunteers and supporters committed to combating heart disease. Clearly, all citizens should ''Be Prepared for Cardiac Emergencies. Know the signs of cardiac arrest. Call 9–1–1 immediately. Give CPR.''

Paralysis, weakness, decreased sensation, numbness, tingling, decreased vision, slurred speech or the inability to speak, loss of memory and physical coordination, difficulty swallowing, lack of bladder control, mental capacity declines, mood changes, dysfunctional, uncontrollable, and unpredictable movement, shortness or loss of breath, fainting, and fatigue are all signs associated with cardiac arrest.

Immediate response to signs of cardiac arrest is imperative as seconds and minutes make the difference between life, the quality of life, and death. Every 29 seconds, someone in America suffers a heart attack, and every 60 seconds someone dies as a result of the same. While we have the luxury of emergency ambulatory responses as a result of 9–1–1, if we act while waiting on trained professionals to arrive, we can make a meaningful difference. For this reason, we should all encourage broader knowledge of CPR.

As medical professionals have said, when the heart is under attack, blood is not flowing to parts of the body, such as the brain, that solely rely on it for functioning, and permanent damage to the brain can occur if blood flow is not restored within four minutes. As a result, if life is sustained, the quality of life may be significantly diminished as irreversible harm often takes place. I am hopeful that those who have regular contact with loved ones at risk will be trained in CPR.

I applaud the American Heart Association and other organizations nationwide that educate and train all of us to be properly prepared for cardiac arrest by providing education that informs us about the causes and signs of heart disease and the skills necessary to react to these unfortunate episodes when they occur. Also, I thank my colleagues for pausing to recognize these organizations for their ongoing efforts in this vital area.

IN SUPPORT OF THE LAW ENFORCEMENT OFFICERS' HEALTH ACT

HON. BART STUPAK

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 14, 2001

Mr. STUPAK. Mr. Speaker, today I am introducing the Law Enforcement Officers' Health Act to encourage all states to adopt a practice that has served Michigan's citizens and law enforcement officers well.

If a law enforcement officer in Michigan develops heart disease or a lung disorder, he or she is entitled to the presumption for the purposes of the workers' compensation system that the illness is an occupational disease. This recognition of the stressful nature of law enforcement work is also reflected in the workers' compensation systems of thirteen other states (California, Florida, Hawaii, Illinois, Iowa, Kansas, Kentucky, Maryland, Nebraska, Nevada, North Dakota, Ohio and Virginia).

There are several reasons for states to grant this presumption to law enforcement officers who suffer from heart or lung problems.

With such a policy, states and municipalities are spared the administrative burden and cost of extended hearings and proceedings to determine whether or not such illnesses and disabilities are work related.

In addition to the expense, these proceedings frequently become adversarial, unnecessarily creating tension between the employer and employee and ultimately affecting the delivery of public safety services.

Finally—and perhaps most importantly to the law enforcement officer involved—the administrative process delays the treatments for which he or she will eventually be qualified.

Since heart diseases and lung disorders are almost always deemed to be occupational diseases as a result of the administrative process, the proceedings simply waste time and money.

The Law Enforcement Officers' Health Act does not impose a new federal mandate on states or otherwise interfere with states' rights. Instead, it would require states to adopt this policy in order to receive the full amount for which it is eligible under the Justice Department's Local Law Enforcement Block Grant Program. The award will be reduced by 10 percent if the state fails to adopt this presumption. A similar reduction with regard to a state's policy on health benefits for officers injured on the job has been in the law for several years.

The provisions of this legislation will not become effective until eighteen months after enactment so that an affected state will have adequate time to amend its laws or modify its regulations.

I have recently had the pleasure of working with the leadership of the International Union of Police Associations, AFL–CIO, in developing this legislation to ensure that all law enforcement officers receive the same health protections that their fellow officers in my state of Michigan enjoy. I particularly want to recognize Sam Cabral, International President, and Dennis Slocumb, Executive Vice President, for their dedication to this cause.

Mr. Speaker, I urge my colleagues to join me in sponsoring this legislation.

JAMES J. McGRATH—DEDICATED LAW ENFORCEMENT OFFICER

HON. JAMES H. MALONEY

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 14, 2001

Mr. MALONEY of Connecticut. Mr. Speaker, it is an honor for me to bring to the attention of my colleagues the distinguished career of one of my constituents, James J. McGrath of Ansonia, Connecticut.

Mr. McGrath recently retired from his post as Ansonia Police Chief, a position he held for 19 years. During that time, he presided over the Ansonia police force with integrity, professionalism, and a passionate sense of duty. Chief McGrath ended his career as the State of Connecticut's oldest police chief—and one of its most respected.

He is truly an institution in the city of Ansonia. Born and raised in the city's Derby Hill section, he graduated from Ansonia High School in 1943. Like all residents of this close-knit community, Chief McGrath has developed deep bonds with the community—bonds that will continue to deepen as Ansonia gives him thanks for his years of service.